



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## YAVAPAI-APACHE NATION FEDERAL CCDF GRANT PROGRAM



### CHILD CARE HOME PROVIDER APPLICATION



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## CCDF GRANT SERVICES

**Federal funding from the CCDF Grant permits Parents to choose services from the Tribal Family Home Providers Program. Individuals such as Relatives, Family and Friends who are interested and capable of providing child care service within their homes and Tribal Child Care Centers.**

**The State Licensing regulations regarding these services are a guideline for the Tribes to develop and implement their own regulations and tribal standards. Parents are eligible, if they are both working or attending school, college or trade school programs.**

**Payment rates for provision of the Tribal Child Care Services in Indian country are on income eligibility basis. The Tribal Child Care rates are sufficient to ensure equal access for the eligible parents and children to utilize comparable Child Care Service.**

**Theses service requirements are designed to protect the health and safety of the children in the care of Tribal Family Homes.**

**Services are provided with funding assistance, which is available under the CCDF Grant pursuant to sec. 98.42, on Indian country with out limiting parental choice.**



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## PURPOSE

**The purpose of the Tribal Family Home Provider Program is to provide the highest quality of culturally appropriate Child Care service to the Yavapai-Apache Nation's Tribal Children of the Nation.**

**To ensure maintenance of minimum standards for the care and protection of children while in the care of a Child Care Home Provider.**

**To provide quality Tribal Family Home Child Care that strives to insure a holistic approach in the family home learning environment which includes educational, social, physical, emotional and cultural needs of Indian Children.**

**To work for the development of sufficient and adequate services for the Children and the Parents.**

## Goals of the Tribal Family Home Provider Program

**To provide a family home environment where developmentally appropriate learning and cooperative play occurs.**

**To encourage each child's growth and development socially, emotionally physically, educationally and culturally while fostering independence and a positive sense of self-worth.**

**To provide a positive discipline approach as children are encouraged to develop peer relationships and cooperative learning skills.**

**To provide opportunities to learn and practice the Yavapai-Apache traditional cultural activities.**



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## YAVAPAI-APACHE NATION CCDF HOME PROVIDER APPLICATION

**IN BECOMING A CCDF HOME PROVIDER THESE ARE THE REQUIREMENTS AND PROCEDURES OF YOUR APPLICATION PROCESS:**

1. PROVIDER APPLICATION (COMPLETE)
2. DRUG TESTING (HUMAN RESOURCE) (24hr. Confirmation)
3. AUTHORIZATION TO RELEASE INFORMATION FORM  
FINGERPRINT & BACK GROUND CHECK (Local clarification along with full BIA investigation 3mo. Clarification, along with all individuals who are over the age 18 yrs. & over that resides with the interested individual)
4. PROVIDER HANDBOOK FORM (SIGNED & DATED)
5. RESIDENTIAL VERIFICATION FORM
6. COPIES OF DRIVER LICENSE, VEHICLE INSURANCE, AND REGISTRATION (IF PARENT GIVES PERMISSION TO TRANSPORT CCDF CHILDREN)

**THESE ARE THE PROCEDURES AND REQUIREMENTS THAT WILL BE INSPECTED BY A MEMBER OF THE Y-A NATION FIRE DEPARTMENT, CCDF GRANT CASEWORKER AND A SOCIAL WORKER.**

1. HOME VISIT/HOME INSPECTION
2. HOME HEALTH AND SAFETY CHECK
3. DISCUSSION OF CO-PAYMENT
4. DISCUSSION OF FILLING OUT TIMESHEET/SIGN IN-OUT ATTENDANCE SHEET
5. OPEN COMMUNICATION IS VERY IMPORTANT BETWEEN PARENTS, HOME PROVIDERS AND ESPECIALLY CHILD CARE COORDINATOR OR CHILD CARE MANAGER.

**UPON RETURN OF ALL DOCUMENTS AND FORMS FROM PARENTS AND PROVIDER AND A FIRST HOME VISIT, A PROVIDER MAY THEN HAVE CHILD/REN PLACED IN THEIR HOME. IF A CHILD/REN HAS ALREADY BEEN PLACED IN THE CARE OF AN INTERESTED PROVIDER, IT IS THE PARENTS RESPONSIBILITY TO PAY THAT INDIVIDUAL FOR CHILD CARE SERVICE. NO BACK PAY FROM THE CCDF PROGRAM WILL BE COMPENSATED TO THE INTERESTED PROVIDER. COMPENSATION OF CHILD CARE SERVICE WILL BEGIN AFTER DRUG TESTING, FINGERPRINTING & BACKGROUND CHECK IS CLARIFIED BY PROPER DEPARTMENTS ALONG WITH A HOME INSPECTION VISIT.**

**PARENTS AND CHILD CARE PROVIDERS MUST NOTIFY CHILD CARE COORDINATOR REGARDING ANY CHANGES IN CHILD CARE SERVICES.**



## YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

### CHILD CARE HOME PROVIDER

PLEASE READ THE FOLLOWING PAGES VERY CAREFULLY BEFORE BEGINNING THE APPLICATION PROCESS.

PLEASE BE ADVISED OF THE FOLLOWING REASONS WHY YOU COULD BE DENIED, SUSPENDED OR REVOKED FOR ANY ONE OR MORE OF THE FOLLOWING REASONS. IF YOU READ THE FOLLOWING VERY CLOSELY AND HAVE ANY QUESTIONS REGARDING THIS MATTER PLEASE CALL MARTINA TALAYUMPEWA AT THE YAVAPAI-APACHE CHILD CARE CENTER AT (928) 567-1961. I OR THE CHILD CARE MANAGER WILL BE HAPPY TO EXPLAIN OR ANSWER ANY QUESTIONS YOU MIGHT HAVE IN REGARDS TO THE RULES AND REGULATIONS. REMEMBER WE MUST FOLLOW UNDER THE CCDF GRANT & FEDERAL GUIDELINES THAT FUNDS THIS PROGRAM.

1. ADDICTION TO DRUGS OR ALCOHOL R-9-5-208; A.A.C. R9-5-210
2. ENGAGING IN ANY PHYSICAL, EMOTIONAL, OR SEXUAL ABUSE R9-5-208; A.A.C. R9-5-210
3. UNACCEPTABLE DICIPINARY METHODS, SUCH AS CORPORAL PUNISHMENT OR EMOTIONAL OR VERBAL ABUSE A.A.C. R9-5-210
4. FAILING TO COMPLY WITH THE PROVISION OF THE YAVAPAI-APACHE NATIONS CHILD CARE STANDARDS A.A.C R9-5-210
5. USE OF PERSONNEL FORMS WHOM PROPER REGISTRATION FORMS THAT HAVE NOT BEEN SUBMITTED OR WHO HAVE BEEN DENIED REGISTRATION R9-208 A.R.S. 513-3716
6. SIGNIFICANT DEFICIENCIES NOTED IN NIGHT TIME OR WEEKEND CARE A.A.C. R9-513-9176
7. ADJUDICATION (COURT ORDER REMOVING CHILDREN FROM YOUR HOME CUSTODY)
8. FOR ANY COURT OF LAW, PERTAINING TO THE CARE OF CHILDREN OR CRIMINAL ACTIVITY 16-R-9-703
9. PLACING A CHILD IN A LIFE THREATENING SITUATION R9-5-703 A.R.S 536-891
10. RELEASING A CHILD FROM A CHILD CARE PROVIDER HOME WITH OUT PARENTAL AUTHORIZATION R9-5-211 A.R.S 536-891
11. FAILURE TO COMPLY WITH THE CLEANING, SANITATION, AND SAFETY REQUIREMENTS R-9-5-211 A.R.S 536-891
12. FAILURE TO CORRECT DEFICIENCES NOTED BY THE DEPARTMENT R-9-5-5211 A.R.S. 536-891

- 13. FAILURE TO COMPLY WITH NUTRITIONAL REQUIREMENTS R-9-4-211**  
**14. AN APPLICANT WHO IS AWAITING TRIAL OR HAS BEEN SUSPECTED/CONVICTED OR HAS ADMITTED TO ANY OF THE FOLLOWING CRIMINAL OFFENSES IN THIS STATE OR OFFENSES IN ANOTHER STATE OR JURISDICTION R-9-5-703**

- A. SEXUAL ABUSE OF A MINOR**
- B. INCEST**
- C. FIRST OR SECOND DEGREE MURDER**
- D. KIDNAPPING/AND OR ABDUCTION OF A MINOR CHILD**
- E. ARSON**
- F. SEXUAL ASSULT/RAPE**
- G. SEXUAL EXPLOITATION OF A MINOR**
- H. COMMERCIAL SEXUAL EXPLOITATION OF A MINOR**
- I. TAKING PORNOGRAPHIC PHOTOS OF A MINOR OR GIVING A MINOR CHILD PORNOGRAPHIC LITERATURE**
- J. FELONY OFFENSES INVOLVING DISTRIBUTION OF MARIJUANA OR NARCOTIC DRUGS**
- K. BURGLARY**
- L. ROBBERY**
- M. ANY DANGEROUS CRIME AGAINST CHILDREN**
- N. CHILD ABUSE**
- O. ANY SEXUAL CONDUCT WITH A MINOR**
- P. MOLESTATION OF A MINOR**

**I HAVE READ AND DO UNDERSTAND THESE RULES AND REGULATIONS OF THE CCDF GRANT PROGRAM. BY FILLING OUT THIS APPLICATION TO BECOME A CHILD CARE HOME PROVIDER, I DO AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS, BY REPORTING ALL CHANGES AS THEY OCCUR AND ANY OTHER INFORMATION REQUIRED OF ME TO PARTICIPATE IN THE CCDF GRANT PROGRAM. I ALSO, UNDERSTAND THAT I WILL REPORT THE CORRECT HOURS ON MY PROVIDER CERTIFICATE TIMESHEET ALONG WITH MY SIGNATURE OF APPROVAL. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL RESULT IN MY BEING INELIGIBLE FOR FURTHER PROVIDING CHILD CARE SERVICES THROUGH THE CCDF GRANT PROGRAM. I ALSO AUTHORIZE THE CCDF GRANT PROGRAM TO VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION.**

\_\_\_\_\_  
**(PROVIDER'S SIGNATURE)**

\_\_\_\_\_  
**(DATE)**

\_\_\_\_\_  
**(CCDF GRANT COORDINATOR)**

\_\_\_\_\_  
**(DATE)**

**TO CONTINUE PROVIDING CHILD CARE SERVICES FOR ELIGIBLE CLIENTS, PARENTS INCOME WILL BE VERIFIED EVERY SIX MONTHS FROM THE DATE OF ELIGIBILITY. THIS WILL DETERMINE ANY CHANGES OF THEIR CO-PAYMENTS OR CONTINUATION OF SERVICE.**

**THE CCDF PROGRAM WILL COMPENSATE ONLY THE MAXIMUM OF 4 CHILDREN FOR EACH PROVIDER WITH NO MORE OR LESS THEN, UNLESS THEY ARE OF A SIBLING GROUP.**

**THE CCDF PROGRAM IS IN DIRE NEED OF INDIVIDUALS WHO ARE INTERESTED AND WILLING TO PROVIDE CHILD CARE SERVICE FOR THOSE PARENTS WHO ARE EMPLOYED OR FURTHERING THEIR EDUCATION.**

**PROVIDERS ARE PREFERED TO PROVIDE CHILD CARE WITHIN THEIR HOME, UNLESS DO TO ANY CONDITIONS OF THEIR HOME, WORK HOURS OF THE PARENT/S OR TO THE CHILD'S SPECIAL NEEDS.**

**DO YOU AT THIS TIME HAVE CHILDREN IN YOUR HOME THAT YOU ARE NOW BABYSITTING? YES \_\_\_ NO \_\_\_**

**IF SO HOW MANY DO YOU NOW BABYSIT? # \_\_\_ OF CHILDREN**

**I HAVE BEEN ASKED TO PROVIDE CHILD CARE SERVICE FOR:**

---

**(PARENT(S)/GUARDIAN)**

**I AM A RELATIVE \_\_\_ NON RELATIVE \_\_\_**

**RELATIVES ARE NOT ALLOWED TO LIVE IN THE SAME HOME AS THE CHILD OR PERSON REQUESTING FOR CHILD CARE SERVICE.**

**IF A RELATIVE PLEASE SPECIFY YOUR RELATIONSHIP TO THE CHILD/REN BY CHECKING NEXT TO YOUR RELATION:**

**AUNT \_\_\_ UNCLE \_\_\_ BROTHER \_\_\_ SISTER \_\_\_ COUSIN \_\_\_  
GRANDPARENT \_\_\_ OTHER \_\_\_**

**I WILL BE PROVIDING CHILD CARE SERVICE WITHIN:  
MY HOME \_\_\_ OR THEIR HOME \_\_\_**

**MOST PARENTS WHO ARE EMPLOYED BY THE NATION DO WORK AN 8 HOUR SHIFT WITH A 1 HOUR LUNCH. PARENTS WHO ARE EMPLOYED BY THE Y-A CLIFF CASTLE CASINO DO WORK DIFFERENT SHIFTS AND ON WEEK ENDS.**

**WHAT HOURS ARE YOU WILLING & AVAILABLE TO PROVIDE YOUR CHILD CARE HOURS?**

**OPENING TIME: \_\_\_ CLOSING TIME: \_\_\_**

**OTHER: \_\_\_\_\_  
(PLEASE SPECIFY TIME OF OPERATION)**

**WHAT DAYS ARE YOU WILLING & AVAILABLE TO PROVIDE YOUR CHILD CARE SERVICE?**

**MONDAY\_\_ TUESDAY\_\_ WEDNESDAY\_\_ THURSDAY\_\_ FRIDAY\_\_  
SATURDAY\_\_ OR SUNDAY\_\_**

**REMINDER: ALL PROVIDERS ARE COMPENSATED FOR ONLY 40 HOURS A WEEK. ANY HOURS BEYOND THESE SPECIFIED HOURS WILL BE THE RESPONSIBILITY OF THE PARENTS IN COMPENSATING THE OVERTIME HOURS OF CHILD CARE SERVICE.**

**ARE YOU EMPLOYED AT THIS TIME? YES\_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, PLEASE SUBMIT A WORK SCHEDULE FROM YOUR EMPLOYER INDICATING WHAT HOURS & DAYS OF YOUR EMPLOYMENT.**

**IF EMPLOYED AND CARING FOR CHILDREN AS A PROVIDER, WILL THIS BE A CONFLICT BETWEEN YOU AND YOUR EMPLOYER?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF ANSWER IS YES, PLEASE DO NOT CONTINUE TO FILL OUT APPLICATION AND INFORM THE PERSON THAT YOU ARE EMPLOYED AND NOT AVAILABLE TO SERVICE THEM WITH CHILD CARE SERVICE.**

**IF ANSWER IS NO, PLEASE CONTINUE ON AND GIVE HOURS OF EMPLOYMENT ALONG WITH A COPY OF WORKING HOURS FROM YOUR EMPLOYMENT.**

**ARE YOU: A FULL TIME EMPLOYEE \_\_\_\_\_ OR PART TIME \_\_\_\_\_**

**WHAT DAYS ARE YOUR DAYS OFF?**

**SUN: \_\_\_ MON: \_\_\_ TUES: \_\_\_ WED: \_\_\_ THURS: \_\_\_ FRI: \_\_\_ SAT: \_\_\_**

**EMPLOYMENT HOURS: DAY SHIFT: \_\_\_ SWING SHIFT \_\_\_ EVENING  
SHIFT \_\_\_ GRAVE YARD SHIFT \_\_\_\_\_**

**TIME OF EMPLOYMENT: 8:00 a.m. – 4:00 p.m. \_\_\_\_\_  
4:00 p.m. – 12 midnight \_\_\_\_\_ 12 midnight – 8:00 a.m. \_\_\_\_\_**

**IF HOURS ARE DIFFERENT, PLEASE INDICATE BELOW ON HOURS OF YOUR WORK SCHEDULE: \_\_\_\_\_**

---



**DO YOU OR WOULD YOU PROVIDE BEFORE AND AFTER SCHOOL CARE?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, DO YOU OR WOULD YOU: PROVIDE OWN TRANSPORTATION \_\_\_\_\_  
USE BUS TRANSPORTATION \_\_\_\_\_ WALK CHILD/REN TO SCHOOL \_\_\_\_\_  
OTHER \_\_\_\_\_ PLEASE EXPLAIN: \_\_\_\_\_**

---

**PLEASE LIST CHILD/REN WHO WILL BE ATTENDING SCHOOL:**

1. \_\_\_\_\_  
(CHILD'S NAME) (SCHOOL ATTENDING) (TIME IN PROVIDER'S CARE)

2. \_\_\_\_\_  
(CHILD'S NAME) (SCHOOL ATTENDING) (TIME IN PROVIDER'S CARE)

3. \_\_\_\_\_  
(CHILD'S NAME) (SCHOOL ATTENDING) (TIME IN PROVIDER'S CARE)

**DO YOU OR WILL YOU BE PROVIDING MEALS FOR CHILD/REN IN YOUR CARE? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, PLEASE CHECK ALL THAT APPLY:**

**BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_ SPECIAL DIET \_\_\_\_\_**

**WILL YOU BE SERVING & PROVIDING SNACKS? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YOU DO NOT WISH TO PROVIDE MEALS OR SNACKS, PLEASE INFORM PARENTS THAT IT WILL BE THEIR RESPONSIBILITY TO PROVIDE THEIR CHILD/REN WITH NECESSARY LUNCHES & SNACKS.**

**ARE YOU CERTIFIED IN (CPR) CARDIO PULMONARY RESUSCITATION?**

**YES \_\_\_\_\_ NO \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
(PLEASE SUBMIT A COPY OF CPR CARD)**

**ARE YOU CERTIFIED IN FIRST AID?**

**YES \_\_\_\_\_ NO \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
(PLEASE SUBMIT A COPY OF 1<sup>ST</sup> AID CARD)**

**DO YOU HAVE ANY EXPERIENCE OR TRAINING IN CHILD CARE?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, PLEASE CHECK ALL TRAINING & EXPERIENCE ALL THAT APPLY:**

- Child Development Association (CDA) Accreditation**
- National Association for Family Day Care (NAFDC) Accreditation**
- High School Diploma or GED**
- A.A. Degree**     **B.A. /B.S. Degree**     **Graduate Level Degree**
- Early Childhood Training**
- Other: \_\_\_\_\_**

**I UNDERSTAND AND DO AGREE TO COMPLY WITH ALL STANDARDS REQUIRED OF ME BY THE CCDF GRANT PROGRAM, CONCERNING THE SAFETY AND HEALTH OF THE CHILDREN IN MY CARE. I UNDERSTAND MY HOME WILL BE INSPECTED ON REGULAR INTERVALS.**

**I ALSO AGREE TO PROVIDE CORRECT INFORMATION WHEN SUBMITTING CERTIFICATE TIMESHEETS FOR COMPENSATION. I FULLY UNDERSTAND MY FAILURE TO DO SO, WILL RESULT IN MY DISQUALIFICATION AS A CHILD CARE PROVIDER UNDER THE CCDF GRANT PROGRAM.**

\_\_\_\_\_  
**(PROVIDER'S SIGNATURE)**

\_\_\_\_\_  
**(DATE)**

**SPECIAL NOTICE**

**ONCE YOU HAVE PASSED ALL CLARIFICATIONS OF YOUR DRUG TESTING, FINGERPRINTS AND BACK GROUND CHECK OF THE CCDF GRANT REQUIREMENTS. YOU WILL THEN BE RECOGNIZED AS A CHILD CARE HOME PROVIDER.**

**WE ALSO REQUIRE THAT YOU RECOGNIZE YOURSELF AS A CCDF HOME PROVIDER OF THE YAVAPAI-APACHE NATION AND NOT AS A BABYSITTER.**

**YOU WILL ALSO BE ATTENDING EARLY CHILDHOOD EDUCATIONAL TRAINING, CONFERENCES & WORKSHOPS, WHICH ARE ALL MANDATORY FOR EACH PROVIDER. OPEN COMMUNICATION IS HIGHLY RECOMMENDED AND VERY IMPORTANT BETWEEN YOU, THE PARENT/S AND CCDF COORDINATOR IN CASE OF EMERGENCIES OR CHANGES.**



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## CHILD CARE PROVIDER PROGRAM REGISTRATION

PROVIDER'S NAME: \_\_\_\_\_

S.S. # \_\_\_\_\_

D.O.B \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(PHYSICAL)

(P.O. BOX)

(CITY)

(STATE)

(ZIP CODE)

NUMBER OF CHILD/REN UNDER THE AGE OF 18 YRS. OLD LIVING IN MY HOME: \_\_\_\_\_

I, THE INTERESTED PROVIDER HAVE # \_\_\_\_\_ OF MY OWN CHILDREN LIVING IN MY HOME:

1. \_\_\_\_\_ AGE: \_\_\_\_\_  
(CHILD'S NAME)

2. \_\_\_\_\_ AGE: \_\_\_\_\_  
(CHILD'S NAME)

3. \_\_\_\_\_ AGE: \_\_\_\_\_  
(CHILD'S NAME)

4. \_\_\_\_\_ AGE: \_\_\_\_\_  
(CHILD'S NAME)

NUMBER OF ADULTS OVER THE AGE OF 18 YRS. & OLDER LIVING IN MY HOME: \_\_\_\_\_

PLEASE LIST ALL INDIVIDUALS WHO ARE OVER THE AGE OF 18 YRS.

1. \_\_\_\_\_ AGE: \_\_\_\_\_  
(ADULT'S NAME)

2. \_\_\_\_\_ AGE: \_\_\_\_\_  
(ADULT'S NAME)

3. \_\_\_\_\_ AGE: \_\_\_\_\_  
(ADULT'S NAME)

4. \_\_\_\_\_ AGE: \_\_\_\_\_  
(ADULT'S NAME)



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

**Please complete the following Residential Verification Form  
(This form needs to be signed by Housing Department, Landlord or by someone who knows  
your living arrangement)**

Date: \_\_\_\_\_

Client/Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

I \_\_\_\_\_ give my permission for \_\_\_\_\_  
(Client/Provider's Name) (Person verifying)  
to verify that all individuals named below do reside in my home. By giving this  
information will also qualify me to become a CCDF Home Provider under the CCDF  
Grant Program (Child Care Development Fund) for the Yavapai-Apache Nation.

1. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)

2. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)

3. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)

4. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)

5. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)

6. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)

\_\_\_\_\_  
(Signature of Person completing) (Date)



## YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

### THE CHILD CARE HOME PROVIDER

**THESE ARE THE REQUIREMENTS OF A CHILD CARE HOME PROVIDER OR BACK-UP PROVIDER IN THE COMPLIANCE OF THEIR HOME. ANY DEFICIENCIES OF THE HOME WILL BE NOTED AND RECOMMENDED TO REPAIR TO THE HOME OWNERS EXPENSE AND RE-EVALUATED WITHIN THE 10 WORKING DAYS OF THE DAY OF THE HOME INSPECTION.**

#### INSIDE THE HOME

1. The home shall be in food and safe repair for child/ren to roam freely and safely.
2. The interior should be generally clean, neat and free of debris, junk and garbage. Food debris and visible dirt must be cleaned on a daily basis.
3. Insects or mice may enter the home from outdoors or from sewer drains at one point in time, therefore there must be no apparent infestation of insects, spiders, ants, roaches or rodents in or around areas where children may play.

#### OUTSIDE THE HOME

1. All dangerous subjects such as: Household and automotive tools, sharp objects including glass and knives, fireplace tools, lighters, matches, chemicals, cleaners and toxic substances shall be out of reach of children.
2. Outside play areas shall be clean and safe. The play area should be fenced in, if there are conditions, which may pose a danger to any child within the play area.
3. If there are any pets on the property all pet feces shall be cleaned up on a daily basis.



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## CHILD CARE HOME INSPECTION FORM

(DO NOT FILL OUT: THIS PORTION WILL BE FILLED OUT AT THE TIME AND DAY OF INSPECTION)

**FAMILY CHILD CARE: AN OCCUPIED RESIDENCE IN WHICH A PERSON (ADULT) PROVIDES CHILD CARE SERVICE FOR A CHILD OR CHILDREN. NO MORE THEN FOUR (4) CHILD/REN FOR COMPENSTION OR WHO ARE ELIGIBLE UNDER THE CCDF GRANT PROGRAM.**

**PARENTS AND CHILD CARE PROVIDERS UNDERSTAND AND AGREE TO HOME VISITS, AS REQUIRED BY THE CCDF GRANT PROGRAM.**

### HOME APPEARANCE:

**A. OUTSIDE PLAY AREA: GOOD \_\_\_ FAIR \_\_\_ BAD \_\_\_**

**COMMENTS: \_\_\_\_\_**

**B. INSIDE HOME:**

**LIVING ROOM: GOOD \_\_\_ FAIR \_\_\_ BAD \_\_\_**

**COMMENTS: \_\_\_\_\_**

**NAP TIME: GOOD \_\_\_ FAIR \_\_\_ BAD \_\_\_**

**COMMENTS: \_\_\_\_\_**

**BATHROOMS: GOOD \_\_\_ FAIR \_\_\_ BAD \_\_\_**

**COMMENTS: \_\_\_\_\_**

**KITCHEN: GOOD \_\_\_ FAIR \_\_\_ BAD \_\_\_**

**COMMENTS: \_\_\_\_\_**

**LAUNDRY ROOM: GOOD \_\_\_ FAIR \_\_\_ BAD \_\_\_**

**COMMENTS: \_\_\_\_\_**

**HEALTH AND SAFTY:**

**1. Where are your cleaning supplies kept? \_\_\_\_\_**

**2. Is your cleaning supplies locked and out of reach of children?**

Yes \_\_\_\_ No \_\_\_\_

**Recommendations:** \_\_\_\_\_

**3. Do you have a First Aid Kit? Yes \_\_\_\_ No \_\_\_\_**

**Recommendations:** \_\_\_\_\_

**4. How man times a day would you recommend the child/ren to wash hands and face to prevent spreading germs and bacteria? \_\_\_\_\_**

---

**5. What would be your procedures be in caring for a sick child, while child/ren are in your care? \_\_\_\_\_**

---

**6. Would you continue to care for this sick child? Yes \_\_\_\_ No \_\_\_\_**

**If Yes, why? \_\_\_\_\_**

**If No why? \_\_\_\_\_**

**Important information for sick children: For the protection of others in case of child's sickness, it is best that child/ren are not admitted into the home. Spreading of germs and bacteria do spread quickly, make your best judgment in this case.**

**7. Are all toys and play equipment disinfected regularly? Yes \_\_\_\_ No \_\_\_\_**

**8. What is used for disinfecting toys and equipment? \_\_\_\_\_**

---

**9. Would you need additional toys or equipment to better your service? If so, please indicate your needs: \_\_\_\_\_**

---

**INFANT CARE:**

1. Where is your diaper changing are? \_\_\_\_\_  
Is this area cleaned and disinfected after each use? Yes \_\_\_ No \_\_\_  
What is used for disinfecting diaper changing area? \_\_\_\_\_

Recommendations: \_\_\_\_\_

2. Are bottles washed, rinsed and well drained? Yes \_\_\_ No \_\_\_  
Are bottles labeled according to each child/s name? Yes \_\_\_ No \_\_\_

Recommendations: \_\_\_\_\_

3. How many meals are served during the child care hours? \_\_\_\_\_  
How many snacks are served during the child care hours? \_\_\_\_\_

Will you be preparing the meals or having the parents bring child/s meals and snacks? Please explain: \_\_\_\_\_

4. Do you have any special skills or training for child care? \_\_\_\_\_

5. What are your procedures in case of an emergency? Please explain: \_\_\_\_\_

**PET OWNERS:**

1. Do you have any pets on your property? Yes \_\_\_ No \_\_\_

2. Are they inside or outside pets? \_\_\_\_\_

3. Are all pets up to date on shot records and licensed? Yes \_\_\_ No \_\_\_  
If yes, please submit all records indicating shots and papers of pet license.

If no, please indicate reasons: \_\_\_\_\_

4. Is your yard frequently cleaned of animal waste? Yes \_\_\_ No \_\_\_

**ATTENTION: PET OWNERS ARE LIABLE FOR THE ACTIONS OF THEIR PETS. ANY COSTS INCURRED DUE TO BITING, DEEP SCRATCH MARKS OR ETC., IS THE RESPONSIBILITY OF THE PET OWNER.**



# **RESIDENTIAL CHILD CARE PROVIDER** **CHECK LIST**

**AS A CHILD CARE HOME PROVIDER FOR THE YAVAPAI-APACHE NATION FOR FAMILIES WHO ARE ELIGIBLE FOR THE CCDF GRANT PROGRAM, THERE ARE CERTAIN MINIMUM CONDITIONS, WHICH MUST BE MET TO PROVIDE THESE SERVICES. ALL PROVIDERS IN A RESIDENTIAL SETTING MUST MEET ALL OF THE FOLLOWING.**

**\_\_\_\_\_ SMOKE ALARM/DETECTORS**

**\_\_\_\_\_ FIRE EXTINGUISHER**

**\_\_\_\_\_ WORKING BATHROOMS**

**\_\_\_\_\_ SAFETY PLUGS FOR ELECTRICAL OUTLETS**

**\_\_\_\_\_ SANITARY KITCHEN**

**\_\_\_\_\_ COOLING/AIR AND HEATING AS NECESSARY**

**\_\_\_\_\_ SECURED CLEANING ITEMS**

**\_\_\_\_\_ ALL WEAPONS SECURED AND CHILD PROOF**

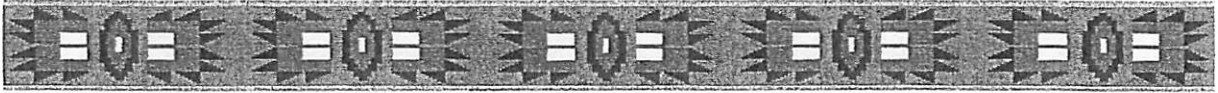
**THESE ITEMS WERE INSPECTED BY:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(CHILD CARE COORDINATOR)**

**ALL ITEMS HAVE PASSED BY THE INSPECTOR: YES \_\_\_ NO \_\_\_**

**IF NO, DATE FOR REINSPECTION IS SET FOR:** \_\_\_\_\_  
**(DATE & TIME)**

**THIS DATE WILL BE NO LONGER THAN 10 WORKING DAYS OF THE DATE OF FIRST INSPECTION:** \_\_\_\_\_  
**(DATE & TIME)**



## MEMORANDUM OF AGREEMENT

The following new changes have been added to the CCDF Home Providers Program. Please carefully read the following changes to the program and sign in the space below:

- ❖ Signatures from the Parents are now required on a weekly time sheet for payment from this day forward in order for the time sheet to be processed allowing the provider to be paid.
- ❖ Parents **MUST** sign their child in and out **DAILY**. Parents are **NOT** to sign at the end of the week for all the days prior.
- ❖ Co-pay to the Provider from the Parent **MUST BE PAID IN FULL** at the end of each week, if the provider fails to receive their co-pay and upon complaint to the CCDF Administration you can be put on suspension from the program until an investigation can be completed and the provider paid for services.
- ❖ Time sheets from provider must be turned in on Monday by noon as the remaining paperwork has a tight deadline to obtain the necessary signatures. Allowing them to be processed through the Finance Department. Should a time sheet not make this deadline, the provider will not be paid until the following week.

\_\_\_\_\_  
(Mother's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Father's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Providers Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(CCDF Coordinator's Signature)

\_\_\_\_\_  
(Date)



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## CCDF FEDERAL GRANT AND TRIBAL FAMILY HOME PROVIDER HANDBOOK

I \_\_\_\_\_ have carefully read and do understand  
(Print Provider's Name)

the Rules and Regulations of the CCDF Federal Grant and Tribal Family Home Provider Handbook.

- R6-5-5202: Application Process
- R6-5-5203: Initial Certification: The Home Facility
- R6-5-5204: Department Responsibilities
- R6-5-5205: Certification Time-Frame
- R6-5-5206: Issue Certificate
- R6-5-5207: Training and Requirements
- R6-5-5208: Re-Certification Requirements
- R6-5-5209: Program and Equipment
- R6-5-5210: Safety and Supervision
- R6-5-5211: Sanitation
- R6-5-5212: Discipline
- R6-5-5213: Evening and Nighttime Care
- R6-5-5214: Children Under 2 yrs. Old
- R6-5-5215: Children with Special Needs
- R6-5-5216: Transportation
- R6-5-5217: Meals and Nutrition
- R6-5-5218: Health Care Medications
- R6-5-5219: Record Keeping, Unusual Incidents
- R6-5-5220: Provider/Child Ratio
- R6-5-5221: Change Reporting Requirements
- R6-5-5222: Use of a Back-up Provider
- R6-5-5223: Claims of Payment
- R6-5-5224: Complaints and Investigations
- R6-5-5225: Probation
- R6-5-5226: Certification Denial, Suspension and Revocation
- R6-5-5227: Adverse Action
- R6-5-5228: Appeals

I \_\_\_\_\_ do agree and will abide by the Policies and  
(Provider's Signature)

Procedures of the CCDF Federal Grant and Tribal Family Home Provider Handbook.

Date: \_\_\_\_\_



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567- 5725

## TRANSPORTATION:

IT IS ARIZONA STATE LAW THAT ALL VEHICLES OR ANY TYPE OF TRANSPORTATION BE INSURED AND REGISTURED THROUGH THE MOTOR VEHICLE DEPARTMENT. IN TRANSPORTING ANY CCDF CHILDREN, WHO ARE UNDER YOUR CARE AND ARE BEING TRANSPORTED BY YOU AT ANY TIME OR DAY OF YOUR CHILD CARE SERVICE, IT IS REQUIRED THAT YOU SUBMIT A COPY OF YOUR DRIVERS LICENSE, VEHICLE INSURANCE AND REGISTRATION.

PARENTS ARE RESPONSIBLE FOR GIVING YOU THE PERMISSION TO TRANSPORT THEIR CHILD/REN WHILE THEY ARE IN YOUR CARE. YOU MAY ALSO DENY ANY TRANSPORTING RESPONSIBILITIES OF THE CHILDREN BY NOT SIGNING OFF ON THE TRANSPORTATION FORM.

THE TRANSPORTATION FORM THAT IS SIGNED OFF BY YOU AND THE PARENT WILL BE THE RESPONSIBILITY OF YOU BOTH. THE CCDF GRANT WILL NOT HAVE ANY RESPONSIBILITY OF ANY ACCIDENTS THAT MAY OCCUR DURING YOUR TRANSPORTATING OF CHILD/REN.

I THE UNDERSIGNED, HAVE BEEN REVIEWED BY THE CCDF GRANT COORDINATOR AND DO UNDERSTAND THE INSPECTION AND WILL MAKE WHATEVER IMPROVEMENTS ARE DEEMED NECESSARY FOR ME TO CONTINUE WITH THE CCDF GRANT PROGRAM.

I THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE TRANSPORTING RESPONSIBILITIES SET FORTH WHILE THE CHILDREN ARE IN MY CARE.

CHILD CARE PROVIDER \_\_\_\_\_ DATE: \_\_\_\_\_

VISITING INSPECTOR \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: YES \_\_\_ NO \_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATIONS IF ANY: \_\_\_\_\_  
\_\_\_\_\_

NOTICE OF NEXT INSPECTION DATE: \_\_\_\_\_